

FIG. 1

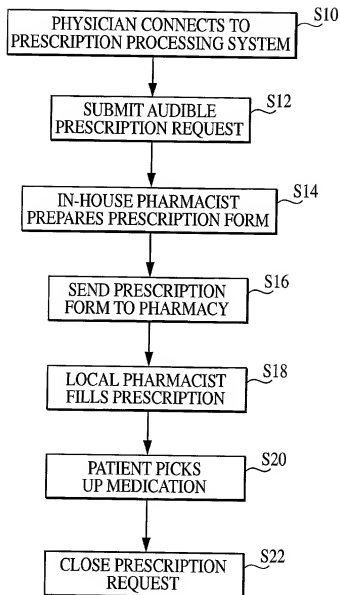


FIG. 2

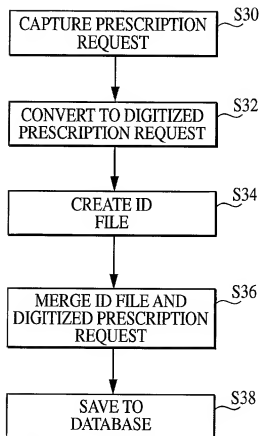


FIG. 3

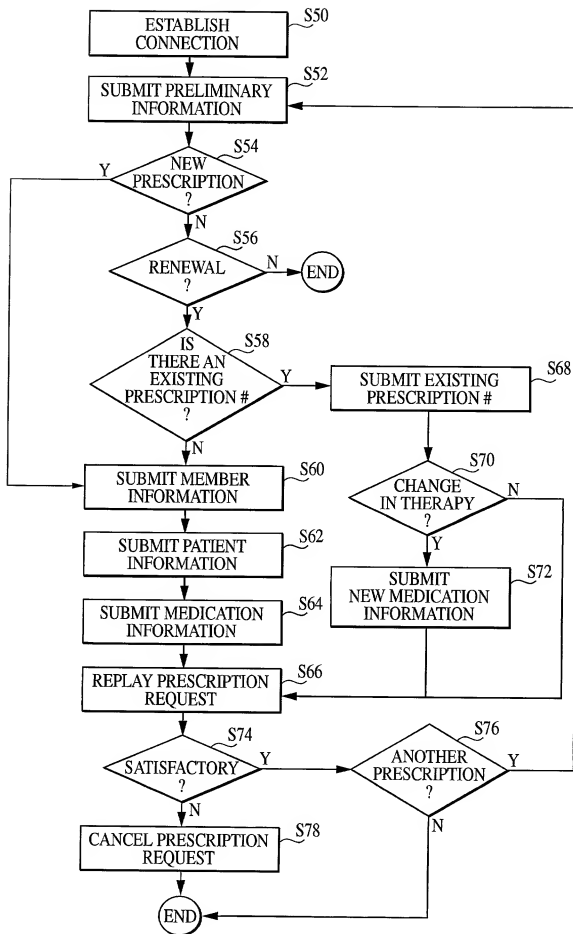


FIG. 4

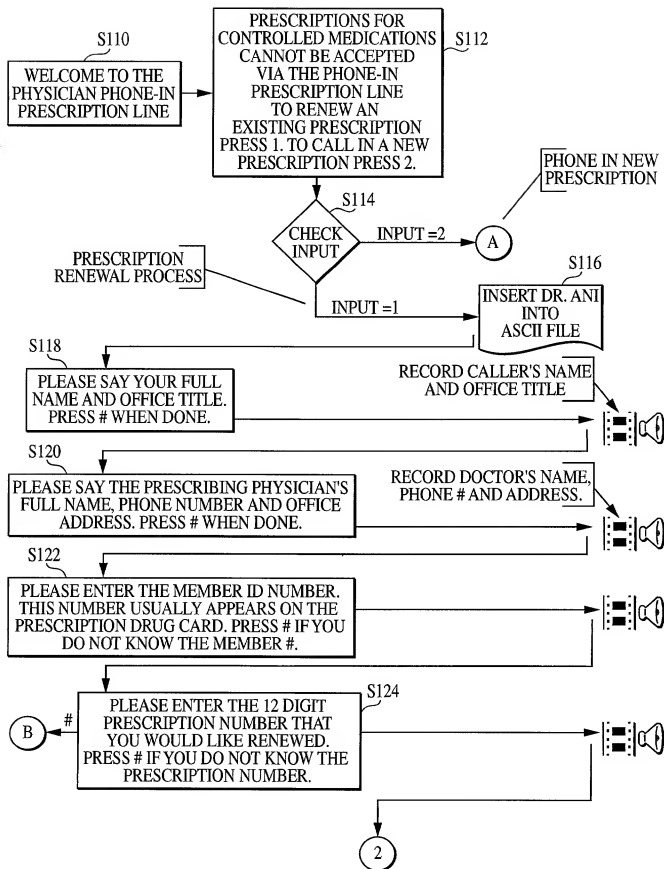


FIG. 5A

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2

PLEASE RECORD THE  
PATIENT'S FULL NAME  
AND DOB. PRESS # WHEN  
DONE.

S126

PLEASE RECORD THE  
PATIENT'S MAILING  
ADDRESS. PRESS # WHEN  
DONE.

S128

S130

INSERT Rx  
NUMBER INTO  
ASCII FILE

IS  
THERE A  
CHANGE IN THERAPY?  
PRESS 1 FOR YES, 2 FOR NO,  
3 TO CANCEL.

S132

YES

C

NO

YOUR  
Rx (Rx #)  
WILL BE RENEWED.  
PRESS 1 TO CONFIRM,  
2 TO CANCEL.

S134

ENCAPSULATE INTO  
ONE FILE

2

D

1

BUNDLE ANI,  
MEMBER, Rx #  
AND .WAV FILES  
INTO SINGLE FILE

S136

CLOSINGS

S138



FIG. 5B

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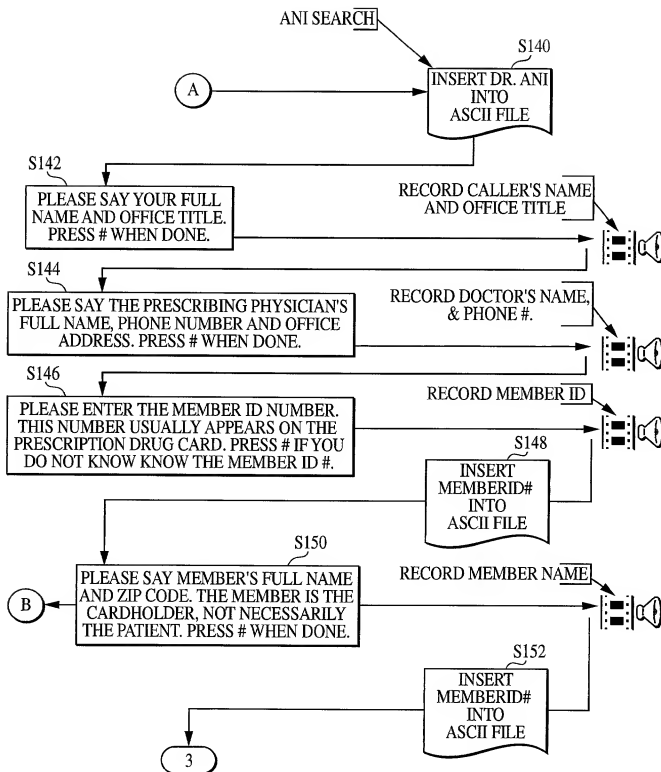


FIG. 5C

3

©

MESSAGE WILL BE  
BASED ON STATE  
RESTRICTIONS. SOME  
MD'S MIGHT HAVE A  
CHOICE OF BRAND  
OR GENERIC

PLEASE RECORD THE  
PATIENT'S FULL NAME  
AND DOB. PRESS # WHEN  
DONE.

RECORD PATIENT  
NAME & DOB.

INSERT PATIENT  
INFO INTO  
ASCII FILE

RECORD PATIENT'S MAILING ADDRESS

PLEASE RECORD THE  
PATIENT'S MAILING  
ADDRESS. PRESS #  
WHEN DONE.

PLEASE RECORD THE  
PRESCRIPTION INFORMATION.  
BE SURE TO INCLUDE DRUG  
NAME, STRENGTH, QUANTITY,  
DIRECTIONS AND REFILLS.  
GENERICS WILL BE SUBSTITUTED  
AS ALLOWED BY LAW UNLESS  
INDICATED OTHERWISE.  
PLEASE REMEMBER THAT MOST  
PATIENTS CAN RECEIVE UP TO A  
90-DAY SUPPLY AND 4 REFILLS.  
PRESS # WHEN DONE.

S162

ENCAPSULATE INTO  
ONE FILE

**YOU HAVE RECORDED  
<PLAY PRESCRIPTION  
AND MEMBER INFO  
RECORDINGS>.  
PRESS ONE TO  
ACCEPT, TWO TO  
RE-RECORD,  
THREE TO CANCEL.**

S164



**BUNDLE ANI, MEMBER AND .WAV FILES INTO SINGLE FILE**

S170

YES

NETWORK  
DRIVE

FIG. 5D



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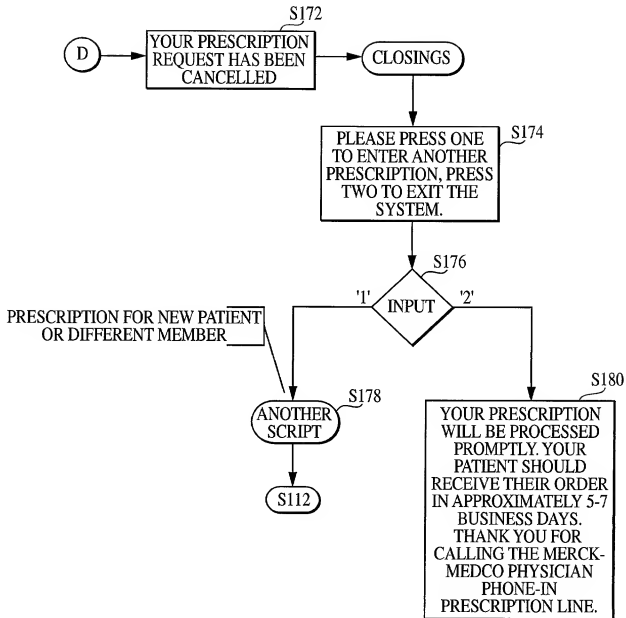
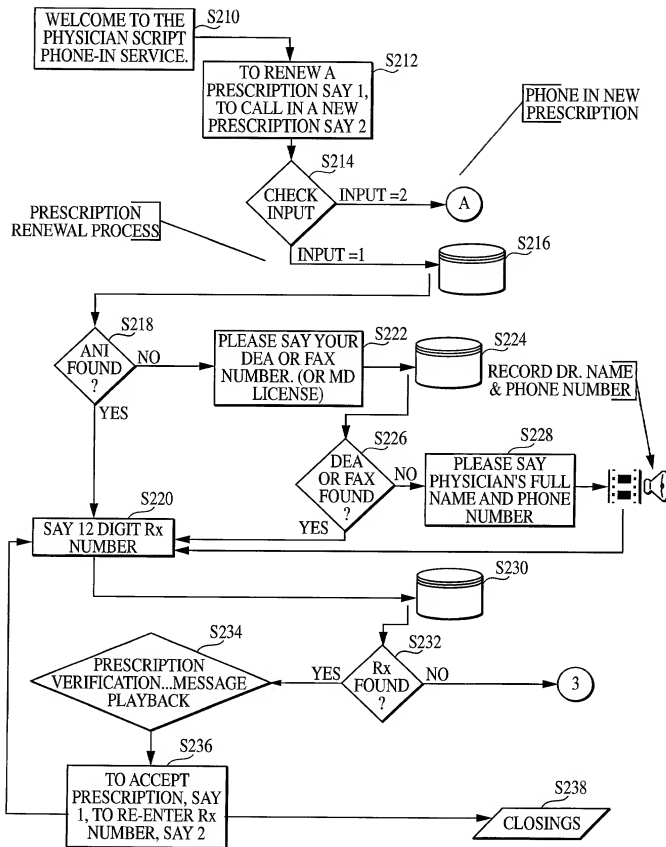


FIG. 5E



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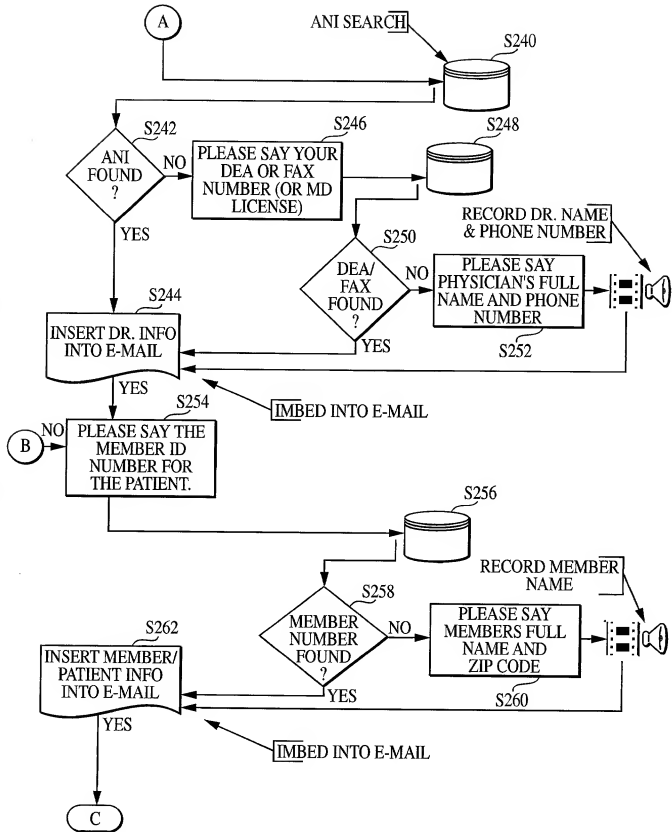


FIG. 6B

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THIS GROUP OF RECORDINGS WILL BE SAVED AS THE ADMIN INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE DRUG INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.

MESSAGE WILL BE BASED ON MD STATE RESTRICTIONS. SOME MD'S MIGHT HAVE A CHOICE OF BRAND OR GENERIC.

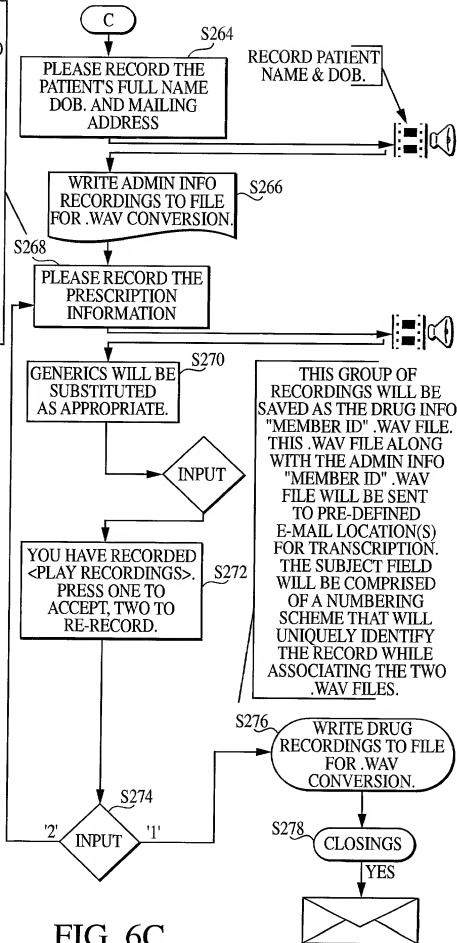


FIG. 6C

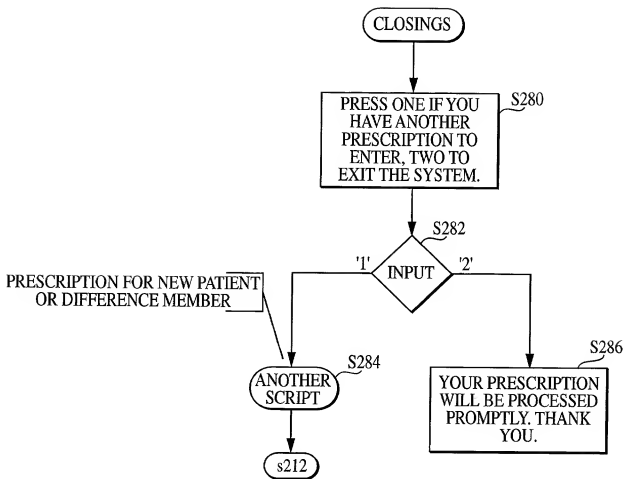


FIG. 6D

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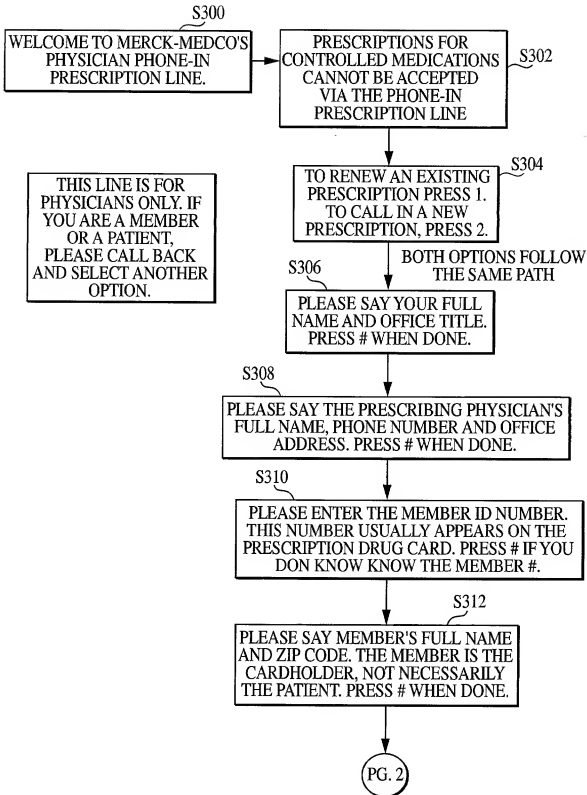


FIG. 7A

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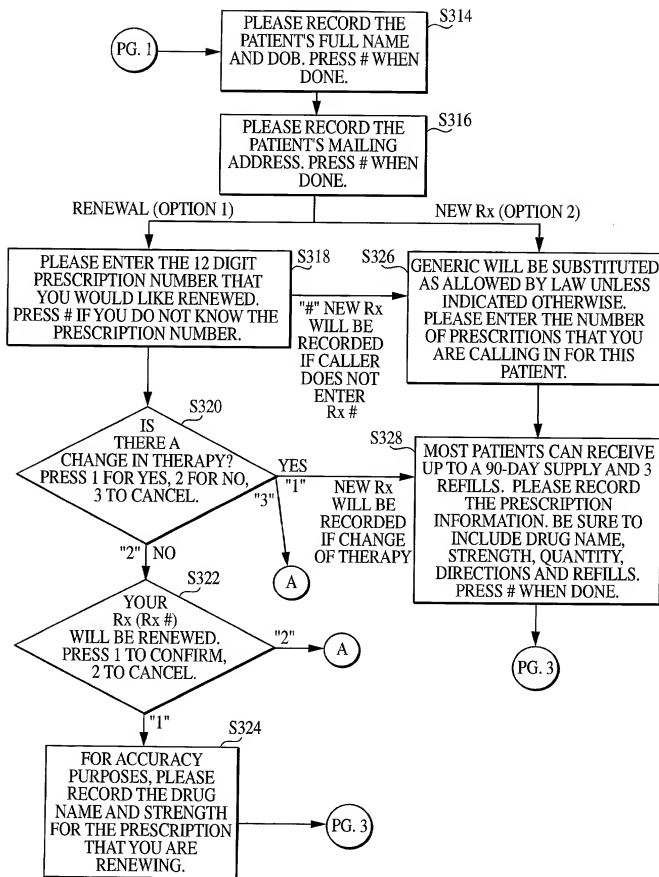


FIG. 7B

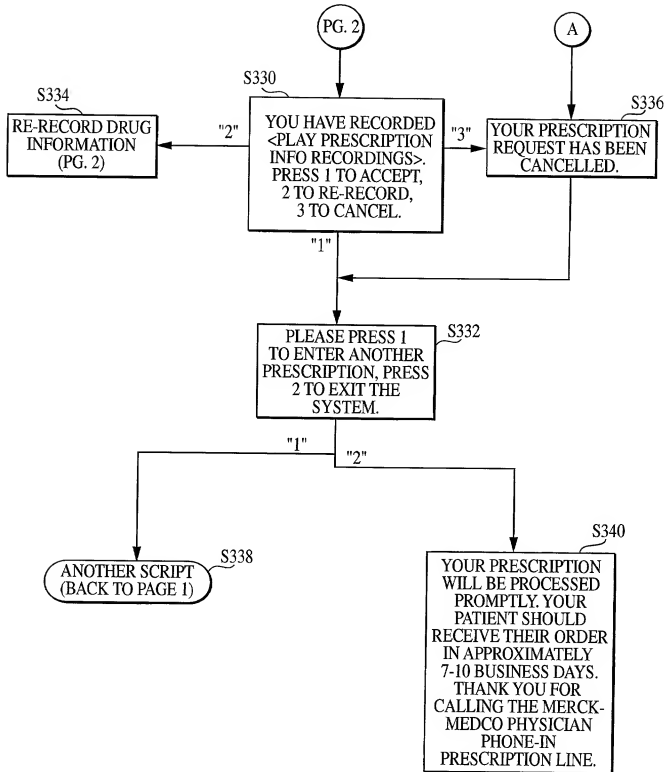


FIG. 7C



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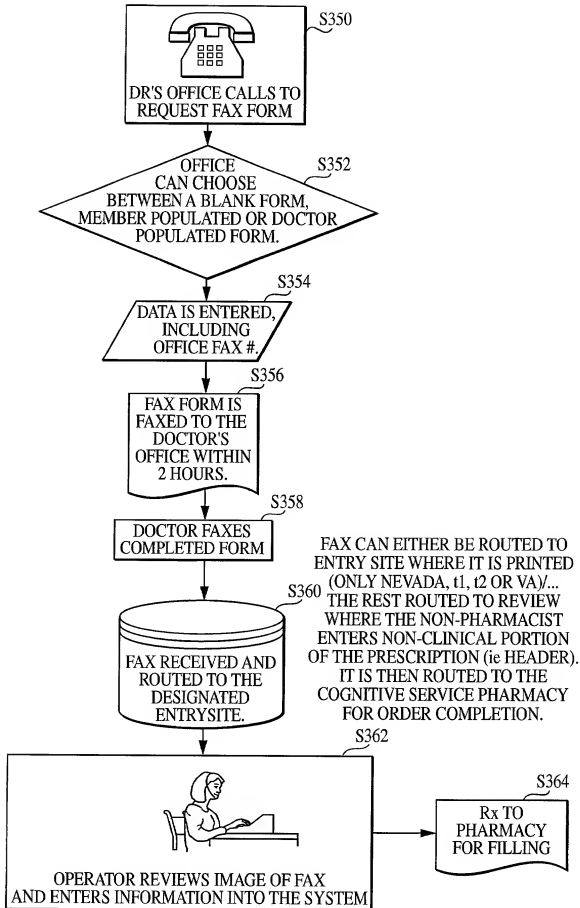


FIG. 8

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Prescription Fax Form

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription

**Questions: Call Customer Service**

○ 34191 |  ○

**STEP 1** Fill in both the **Subscriber** and the **Patient** information below.

**Prescription Drug**

**Card Member #:**

(Usually different than the health plan ID #)

**Subscriber Information (card holder):**

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_

**STEP 2:**

Confirm your office's secure fax #.  
Check the box to indicate a change,  
and write in the correct #.

☐ New fax #: \_\_\_\_\_

**STEP 3:**

Complete for new patients or for  
patients with changes in health.

*Please check all that apply:*

**Allergies:**

- ☐ None ☐ Sulfa ☐ Penicillin  
☐ Aspirin ☐ Codeine ☐ Iodine

**Medical Conditions:**

- ☐ Heart ☐ Asthma ☐ High B.P.  
☐ Ulcer ☐ Glaucoma

Other: \_\_\_\_\_

**STEP 4** Please tape the prescription from your prescription  
pad here (Most patients can receive up to a 90-day  
supply and 4 refills.)

**TAPE PRESCRIPTION HERE**

**Please confirm you have included:**

*On the form:*

- Subscriber's Drug Card Number

*On the prescription:*

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

FIG. 9



## AUTOFAX FLOW NEW Rx

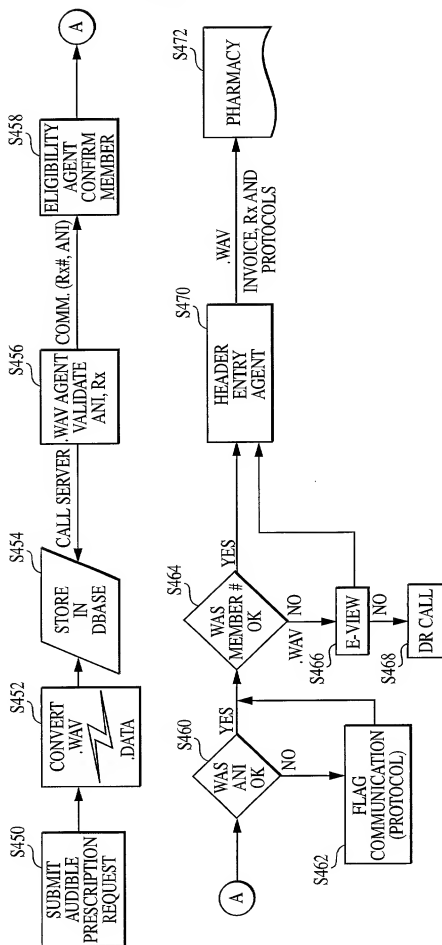


FIG. 10B

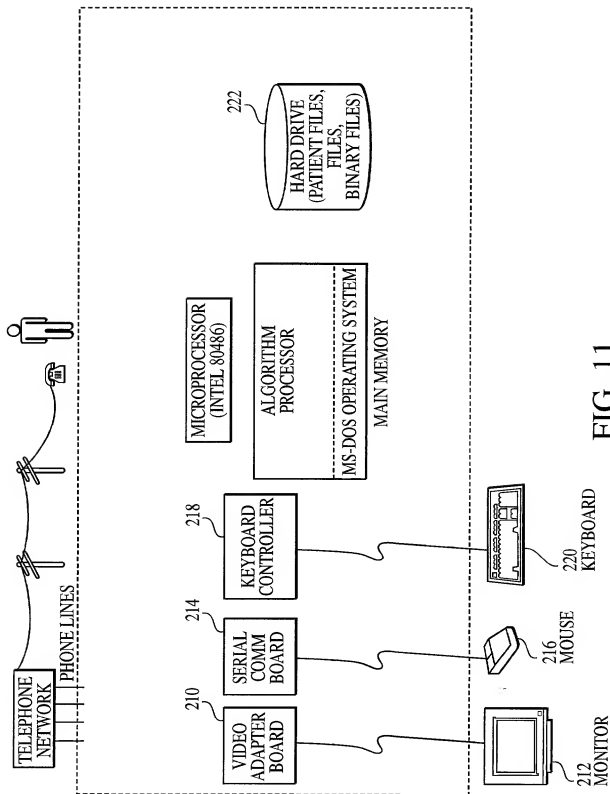
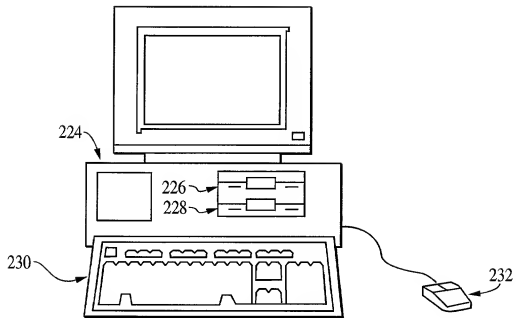
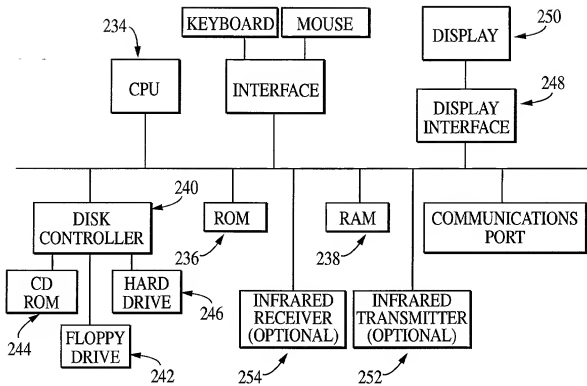


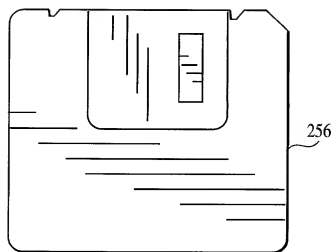
FIG. 11  
COMPUTER



**FIG. 12**  
COMPUTER CONCEPTUAL



**FIG. 13**  
FLOW OF POTENTIAL  
COMPUTER PROCESS



**FIG. 14**  
CONCEPTUAL VIEW OF  
MEMORY STORAGE MEDIUM